Application or Docket Number

10/090348

PATENT APPLICATION FEE DETERMINATION RECORD

Effective Octobor1, 2003

Linective CAODI 1, 2000									10/0	10	<u> </u>	
		CLAIMS A	S FILED - PART I (Column 1)		(Column 2)			SMALLE	NTITY	OR		THAN ENTITY
TOTAL CLAIMS							1	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		İ	BASIC FEI	₱ <i>3</i> 85	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 4 =		OR	X\$ 8=	
INDEPENDENT CLAIMS			minus 3 =		*		İ	X43=		OR	X8b=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+145=		OR	+290=	
* If the difference in column 1 is			less than zero, enter "0" in (column 2	l	TOTAL	<u> </u>	OR	TOTAL	
1	3/15/03 c	LAIMS AS A (Column 1)	MENDED - PART II			(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
_	POSME MANAGEMENT	CLAIMS		HIGH		(Column 3)	Г			1		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 10	Minus	a	0	=		x\$9=		OR	X\$(% =	
	Independent	<u> 3 </u>	Minus	***	ბ	=		X(13=		OF	196=	
	FIRST PRESENTATION OF MULTIP		JLTIPLE DEI	PLE DEPENDENT			İ	i (tr-	l		SXA.	
							L	+145 =		OR	4390=>	_
•							Д	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
_	Nove see an operation	(Column 1)		(Colun		(Çolumn 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		x\$9=		OR	X\$/8=	
	Independent	*	Minus	***		=	Ī	X43=		OR	×86=	
L	FIRST PRESE	ILTIPLE DEF	PENDENT	CLAIM					1			
			-				L	+145=		OR	+290=	
							Α	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colun		(Column 3)			-			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE.
	Total	*	Minus	**		=		x\$9=		OR	X\$(8=	
	Independent	*	Minus	***		=		x43=		OR	X86	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM		-					
* 1	f the entry in colum	nn 1 is lose than th	e entry in colu	nn 2 write	"O" in col	ımn 3		+ 45=		OR	t∂90=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM DTO 875 (Day 40/00)